

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Ken Endelman  
 Docket: 40070.12USU1  
 Title: DEVICE FOR ATTACHING AN ELASTIC MEMBER TO EXERCISE APPARATUS

jc978 U.S. PRO  
 10/084277  
 02/25/02

**CERTIFICATE UNDER 37 CFR 1.10**

'Express Mail' mailing label number: EV073470314US  
 Date of Deposit: February 25, 2002  
 I hereby certify that this paper or fee is being deposited with the United States Postal Service 'Express Mail Post Office To Addressee' service under 37 CFR 1.10 and is addressed to the Commissioner for Patents, Washington, D.C. 20231.

By: *Mary C. Notter*  
 Name: Mary C. Notter

**BOX PATENT APPLICATION**  
 Commissioner for Patents  
 Washington, D.C. 20231

Sir:

We are transmitting herewith the attached:

- ☒ Transmittal sheet, in duplicate, containing Certificate under 37 CFR 1.10.
- ☒ Utility Patent Application: Spec. 5 pgs; 18 claims; Abstract 1 pgs.  
 The fee has been calculated as shown below in the 'Claims as Filed' table.
- ☒ 1 sheet of formal drawings
- ☒ Small entity status is claimed pursuant to 37 CFR 1.27
- ☒ A signed Combined Declaration and Power of Attorney
- ☒ An Assignment and Recordation Form Cover Sheet
- ☒ A check in the amount of \$370.00 to cover the Filing Fee
- ☒ A check in the amount of \$40.00 to cover the Recordation Fee
- ☒ Return postcard

**CLAIMS AS FILED**

Number of Claims Filed		In Excess of:		Number Extra		Rate		Fee
<b>Basic Filing Fee</b>								\$370.00
<b>Total Claims</b>								
18	-	20	=	0	x	9.00	=	\$0.00
<b>Independent Claims</b>								
3	-	3	=	0	x	42.00	=	\$0.00
<b>MULTIPLE DEPENDENT CLAIM FEE</b>								\$0.00
<b>TOTAL FILING FEE</b>								\$370.00

Please charge any additional fees or credit overpayment to Deposit Account No. 13-2725. A duplicate of this sheet is enclosed.

**MERCHANT & GOULD P.C.**  
 P.O. Box 2903, Minneapolis, MN 55402-0903  
 (303) 357-1670

By: *John E. Wahl*  
 Name: John E. Wahl  
 Reg. No.: 33,044  
 Initials: JEWahl/mcn



02/25/02 11046 U.S. PTO

02-28-02  
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Number of Claims Filed	In Excess of:	Number Extra	Rate	Fee
Basic Filing Fee				\$370.00
Total Claims				
18	- 20	= 0	x 9.00	= \$0.00
Independent Claims				
3	- 3	= 0	x 42.00	= \$0.00
MULTIPLE DEPENDENT CLAIM FEE				\$0.00
TOTAL FILING FEE				\$370.00

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(PTO TRANSMITTAL - NEW FILING)